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	CLAIMS AS A		•			TOTAL		OR		7 <i>5</i> 5
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Total Independent	REMAINING AFTER AMENDMENT		NUMBER PREVIOUSL PAID FOR	PRESEN EXTRA		PATE	ADOI- TIONAL FEE		RATE	ADDI- TIONAI FEE
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PIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								OR		
* If the entity in column-1 is less than the entity in column 2, write "O" in column 3. ** If the Trighest Number Previously Pald For IN THIS SPACE is less than 20, enter "20."						+140=		OR	+280=	
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